

23 10

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	146	State Index No. <u>569</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>491</u>
Town of <u>Globe</u>	Local Registrar's No. _____		
City of <u>Globe</u>	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Rose E. Reeves</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allive	<u>NO</u>
Sex of child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>10 25 1917</u>	(Month)	(Day) (Yr.)
FATHER	MOTHER		
Full Name <u>Enoch J. Reeves</u>	Full Maiden Name <u>Willie E. Adkins</u>		
Residence <u>Globe Arizona</u>	Residence <u>Globe Ariz</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>47</u>	Age at last Birthday <u>20</u>
(Years)	(Years)		
Birthplace <u>Kansas</u>	Birthplace <u>Texas</u>		
Occupation <u>Photographer</u>	Occupation <u>W. W.</u>		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 10/25 1917, at 1230 M.

*When there is no attending physician or midwife, then the householder could make this return.

(Signature) G. E. Wyckham
(Attending physician, midwife, householder.)*

Given or christian name added from a

Address Globe Ariz.Supplemental report _____ 1917Filed Oct 25 1917

LOCAL REGISTRAR.

992-1025-612
COUNTY REGISTRAR.Filed Nov 5 1917A True Copy B. G. Fox
COUNTY REGISTRAR.